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HDP/SB/21 based on PTO/SB/21 (08-00)

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TRANSMITTAL FORM

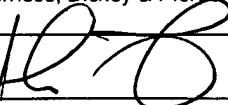
(to be used for all correspondence after initial filing)

Application Number	10/785,198
Filing Date	February 25, 2004
Inventor(s)	Thomas Birkhoelzer et al.
Group Art Unit	2436
Examiner Name	Daniel L. Hoang
Attorney Docket Number	32860-000703/US

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Letter to the Official Draftsperson and _____ Sheets of Formal Drawing(s)	<input type="checkbox"/> LETTER SUBMITTING APPEAL BRIEF AND APPEAL BRIEF (w/clean version of pending claims)
<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Notice of Appeal, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name Donald J. Daley	Reg. No. 34,313
Signature	 John Fitzpatrick 41,018		
Date	November 16, 2009		



FEE TRANSMITTAL for FY 2009

Effective 2/8/2006. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 130

Complete if Known	
Application Number	10/785,198
Filing Date	February 25, 2004
First Named Inventor	Thomas Birkhoelzer et al.
Examiner Name	Daniel L. Hoang
Art Unit	2436
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METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account:				3. ADDITIONAL FEES			
Deposit Account Number: 08-0750 Deposit Account Name: Harness, Dickey & Pierce, P.L.C.				Large Entity	Small Entity		
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				Fee Code	Fee (\$)	Fee Code	Fee (\$)
				Fee Description			
				Fee Paid			
				130			
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity		Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description			
1011	330	2011	165	Utility filing fee			
1012	220	2012	110	Design filing fee			
1013	220	2013	110	Plant filing fee			
1014	330	2014	165	Reissue filing fee			
1005	220	2005	110	Provisional filing fee			
SUBTOTAL (1)				(\$ 0)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							
Total Claims	38	-38 **	= 0	Extra Claims	Fee from below	Fee Paid	
Independent Claims	4	-4 **	= 0	X 52	= 0		
Multiple Dependent				X 220	= 0		
					= 0		
Large Entity		Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description			
1202	52	2202	26	Claims in excess of 20			
1201	220	2201	110	Independent claims in excess of 3			
1203	390	2203	195	Multiple dependent claim, if not paid			
1204	220	2204	110	** Reissue independent claims over original patent			
1205	52	2205	26	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)				(\$ 0)			
				*Reduced by Basic Filing Fee Paid	SUBTOTAL (3)		(\$ 130)
4. SEARCH/EXAMINATION FEES							
1111	540	2111	270	Utility Search Fee			
1112	100	2112	50	Design Search Fee			
1113	330	2113	165	Plant Search Fee			
1114	540	2114	270	Reissue Search Fee			
1311	220	2311	110	Utility Examination Fee			
1312	140	2312	70	Design Examination Fee			
1313	170	2313	85	Plant Examination Fee			
1314	650	2314	325	Reissue Examination Fee			
				SUBTOTAL (4)		(\$ 0)	

**or number previously paid, if greater; For Reissues, see above*

SUBMITTED BY						Complete if applicable	
Name (Print/Type)	Donald J. Daley	Registration No. (Attorney/Agent)	34,313	Telephone	703-668-8000		
Signature	<i>John Fitzpatrick 41,018</i>					Date	November 16, 2009

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